MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-050213

DO NOT WRITE	·	MENDE	FU	Re	egistration District No3	Primary Re	gistration Dist	trict No. 54	Registrar's No	3894	STATE FILE N	IUMBER
ON THIS STUB			 	序	HARDIAN 3 1964				_	E (Where decesse	d lived. If institution:	Residence before
vs 300	ا ما	[]		 	- COUNTY	usi =			a. STATE Texa	LS & COUN	TY Bell	admission)
Rev. 4/59	삥			1 —	b. CITY (If outside corporate limits,	ULS	1(y) [(ac	ngth of stay in 1b	c. CITY	<u>-</u>		Inside Limits
	AMENDED			1	or Clayton, Mo	=	· •	S == 27 = 7 12	I 00	Fort Hood		Yes Ø No □
1 ,,, [₹		[] [1 —	c. FULL NAME OF (IF NOT in hospit			Inside Limits	d STREET	115 014	(side, give location)	Reside on Farm
40-02	h21 \	1		1	HOSPITAL OR St. Louis		Josnite		ADDRESSK KAS	2-2 Sadows	ski. Dr.	Yes No A
² 8 420	DAT	_]		1 —								
3 2	\Box			_3	. NAME OF DECEASED F (Type or print)	irst	Midd	ile	Lest	4. DATE OF	Month Day	Year
	1			1	Mar	y	Ann	1	Gates	DEATH]	Dece,ber 20,	
4					. SEX 6. COLOR C			Never Married [8. DATE OF BIRTH	9. AGE (lest birt	hday) IF UNDER 1 YEA	AR IF UNDER 24 HR
5	1			1	Female White	٠ _ا	/idowed 🗌	Divorced [6/17/1933	30	` ` `	
				10	a. USUAL OCCUPATION (Give kind of			INESS OR INDUSTRY	11. BIRTHPLACE (Ca			F WHAT COUNTRY
٥	{			1	during most of working life, even if Housewille	At	Home		Chicago.	Illinois!	U.S.	A
7 / 2	1			13.	a. FATHER'S NAME		13b. MOTH	IER'S MAIDEN NAM	3	14. NAM	E OF HUSBAND OR WII	FE
/ <u>ō</u>	5			1	John T. Nolan			y Ellen Do		Cl	arence	
8 2 0	າ				. WAS DECEASED EVER IN U.S. ARM		16. SOCIA	AL SECURITY NO.	17. INFORMANT		Address	
9795.4	`		(Yes, no, or unknown) (If yes, give war or dates of service NO •						Clarence Gates,6562-2 Sadowski, Dr.			
	١		5		18. CAUSE OF DEATH (Enter only or PART I. DEATH WAS		Fort Hood, Texas. INTERVAL BETWEEN CHISET AND DEATH					
10 J.	.		N N			TE CAUSE (a)	Unkno	wn natur	al causes	-		Unk
11 C	<u>နီ ြို့ </u>		DOCUMEN		DERICE DIV					 ·		
	INSTEAD		ğ		Conditions, if any,)	DUE TO (b)						
17 1 7 7 1	1 1			 	which gave rise to above cause (a), }							
13 E	: <u> </u>	\perp	 		stating the under- lying cause last.	DUE TO (<)						
	-			Z	PART II. OTHER SIG	NIFICANT CONDIT	IONS CONTR	IBUTING TO DEATH	ot betaler ton tud H	the terminal	PART III. If deceased there a prepri	was female was nancy in last 90 days.
	- 1 1	1		CATION	disease cont	lition given in PAR	; [A}					No Unknown
Įž	<u> </u>			[E	· · · · · · · · · · · · · · · · · · ·	W POLICE CO.	NAICINE 1	20h Deccaise HO	W IN HIDY COCCURRED	(Fotor palma = 1	ijury in PART I or PART	
N N N N N N N N N N N N N N N N N N N	ŧ 1			CERTI	19. WAS AUTOPSY 20a. ACCIDEN	NT SUICÍDE HO	DMICIDE	ZUD. DESCRIBE HO	** HYJORT OCCURRED.	ferrior nations of it	nery m roki r DF FAKI	10.7
إ	<u>ا ا</u>			ایا	YES NO ES							
z	ξ <u> </u>			Ž	20c. TIME OF Hour Month, D INJURY a.m.	ay, Tear						•
· 보 없 [*	` i			꾛	p.m.	<u> </u>		or about home 10	20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE
BLACK INK OR RITER RIBBON	1				20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	ZOe. PLACE OF IN farm, factory,	JJURY (e.g., in , street, office	bldg., etc.)	LUI. CITT, TOTTIN, OR		. +	
					NOT WHILE AT WORK							
USE BLACK OR TYPEWRITER	READ				21. I attended the deceased from							
	ا ۾				Death occurred at DOA (<u>Co. Hosp</u>	<u>. 12:(</u>	UY D m on th	e date stated above, ar	nd to the best of a	ny knowledge, from the	
USE PEW	١١١		டி		22a. SIGNATURE	(Degree or	11110		22b. ADDRESS			22c. DATE SIGNED
ے <u>ح</u> ا	SHOULD		0		Jan.	11/11	1/2 (oroner	Clayton,	Missour	'i	12/24/63
-			\ ¥ ¥		B. BURIAL, CREMATION, ORL DATE	; 		CEMETERY OR CRE	MATORY 23	3d. LOCATION (CI	ty, town, or county)	(State)
l	Ŏ.		I⊒ĕ	×	KEWOANT (25ecus)				(Chicago.	Illinois.	
Ì	Z		AFFIDA	-24	CUNEDAL DIRECTOR	ADDRESS			TE RECD. BY LOCAL RE	G. 26 REGISTE	RAR'S SIGNATURE	
	ITEM		BY	Ã	lbert H. Hoppe Inc	., 4700 Wa	ashingt	on, Blvd.	12-20-6_	3 John	6. murlly	mg_

(Licensed Embalmer's Statement on Reverse Side)

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,									
or by		, Student Embalmer No							
working und	er my personal supervision.	Order al XI							
Student		Signed lanley F. Digon							
	Signature of Student Embalmer	Cicensed Embalmer No. 14193							
· ·	e.								
-		P. O. Address							

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. $-\frac{\Gamma}{2}$

If this body is not embalmed, fact should be so stated above. of the state of th